



Headmaster LLP

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ACTOR/WITTEN TEST PROCTOR TRAINING AFFIDAVIT

Must be accompanied by the CONFIDENTIALITY/NONDISCLOSURE AGREEMENT form 1501MT

I hereby swear as a certified RN observer testing nursing assistant candidates in the State of Montana that I have reviewed the Montana approved actor training material with the actor named herein and/or the Montana approved written test proctor training material with the written test proctor named herein:

RN Observer Signature: _____ Date: ____/____/____

RN Observer SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

I hereby swear as a skill test actor and/or written test proctor, helping to test nursing assistant candidates in Montana that have reviewed the actor training material and/or the written test proctor training material with the RN observer named above. I understand and will abide by the material presented and all directions given by the RN test observer. I also understand, if I am preparing to become a certified nursing assistant in Montana, I will not be eligible to test for a period of six months from the last date I served as an actor or written test proctor:

Actor Signature: _____ Date: ____/____/____

Actor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

Written Test Proctor Signature: _____ Date: ____/____/____

Written Test Proctor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

(Please sign in both places if you are certifying as an Actor **and** a Written Test Proctor.)